

Menstrual Hygiene Management and Progress Under the SDGs

Libbet Loughnan, Advisor on WASH indicators, statistics and monitoring, World Bank
Therese Mahon, Regional Programme Manager South Asia, WaterAid

Sarah Goddard, MIA/MPH Candidate, Columbia University (corresponding author)

sgj2184@columbia.edu

(508) 527 – 0858

722 W. 168th Street, Room 537

New York, NY 10032

Rob Bain, Statistics and Monitoring Specialist, UNICEF

Marni Sommer, Assistant Professor, Department of Sociomedical Sciences, Columbia University Mailman School of Public Health

Introduction

Half of the global population menstruates as part of their life cycle. Living with menstruation requires tailored assets (including knowledge), services (including education) and spaces (including safe, private toilets), but these are often missing, impacting negatively on women's dignity, agency, safety and wellbeing throughout their lives. Addressing these needs and building off of the inherently cross-cutting nature of the issue of menstruation will be critical to achieving the full range of Sustainable Development Goals (SDGs). Menstruation is not explicitly mentioned in any SDG goal, target or indicator, and is only explicitly mentioned in monitoring guidance for a few SDG targets and indicators. However, there are clear linkages between adequate MHM and poverty reduction (SDG 1), health (SDG 3), education (SDG 4), gender equality and empowerment (SDG 5), water and sanitation (SDG 6), and inequality (SDG 10).

Background

Menstruation is not explicitly mentioned in any of the Sustainable Development Goals (SDGs), targets or indicators and is only mentioned in monitoring guidance for a few targets and indicators. The minimal role of menstruation and menstrual hygiene management (MHM) from the SDG agenda holds back overall progress on achieving the SDGs, as they are cross-cutting issues that span the range of SDGs through various targets and indicators. The existing SDG framework does not sufficiently address current unmet needs in menstruation and its management. More explicit attention to menstruation in the SDGs will yield greater and faster progress toward the 2030 Agenda

Managing menstruation with dignity and comfort requires tailored assets, services and spaces for girls and women. These include having information, confidence, and awareness about how to manage their menstruation; an adequate supply of hygienic absorptive materials; safe and convenient sanitation facilities to change and dispose of materials with privacy and dignity; and sufficient water, soap, and space for washing and bathing themselves and their menstrual materials. These are defined as the critical components of menstrual hygiene management (MHM)¹. Menstruation is relevant to the SDGs. The ability of women and girls to manage their menstruation hygienically and with dignity is linked to the achievement of several of the SDGs due to the multiple implications menstrual management has for their health, well-being and participation in

¹ Patkar, A. (2012). Preparatory Input on MHM for JMP Equity and Non-Discrimination Working Group by Archana Patkar. Water Supply & Sanitation Collaborative Council (WSSCC); WHO/UNICEF JMP. (2015). Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment. Geneva: World Health Organization and United Nations Children's Fund.

daily activities such as education, work and social life.

Understanding the menstruation management and health-related challenges that girls and women face may provide useful insights into the attainment of the SDGs for women, providing an important gender lens that is currently lacking. In addition, monitoring the absence of the menstruation-related assets, services, and spaces quantifies unmet needs. Menstruation serves as a perfect example of how the SDGs are cross-cutting and interlinked, and how the SDG monitoring framework could be put to better use to ensure the needs of girls and women are met and no one is left behind.

Ensuring good menstrual hygiene management (MHM) for women and girls thereby links to the SDGs in a number of ways:

- through its contribution to achieving certain goals (such as those for quality education, gender equality, decent work, clean water and sanitation);
- through its direct relationship with the human rights framework, which the principles of which are embedded in the framing of the SDGs are designed; and
- through the incorporation of several of the components required for MHM, including water and sanitation services and reproductive health information that are also included in SDG targets and indicators.

Yet, MHM has not been included in any of the SDGs, targets or indicators and has so far only been included explicitly in guidance for institutional water and sanitation services relating to Goal 4 (Quality Education) and Goal 6 (Clean Water and Sanitation) under the leadership of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)².

The monitoring of MHM and the monitoring of the SDGs are currently two separate and unlinked information systems. But with increasing attention to menstrual health, this paper is a timely examination of how MHM intersects with the SDGs and can span across multiple targets. The definition of MHM used in this paper was generated within the water and sanitation sector: “Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear”³. This paper maps menstruation and MHM to the existing SDG framework to identify areas where the monitoring of SDG indicators might aid an understanding of MHM or where monitoring MHM could inform the attainment of the SDG targets. Just within this definition it is possible to identify the many ways in which menstruation is a crosscutting and multisectoral issue (water and sanitation, gender equality, education, etc.).

SDG 1: Poverty reduction

SDG 1 aims to ‘End poverty in all its forms everywhere.’ It recognizes the gendered

² WHO/UNICEF JMP. (2017). Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. Geneva: World Health Organization and United Nations Children’s Fund.

³ WHO/UNICEF JMP. (2017). Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. Geneva: World Health Organization and United Nations Children’s Fund.

nature of poverty and reveals the potential to relate this to menstruation through target 1.4, which aims for “all men and women...[to] have equal rights to economic resources, as well as access to basic services”⁴. As Ray (2016) highlights⁵, “women and men have very different sanitation needs, for biological and social reasons. Investments in this area have to be designed and implemented with these bodily needs and the social norms that surround them upfront and centre.”

The indicator measuring the ‘Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups’ can be reflected in services essential for MHM, including information about how to manage menstruation, adequate supplies of hygienic materials, safe and convenient gender-separated latrines and disposal facilities, and access to soap and clean water. Increased proportion of government and capital spending in these services contribute to progress under this indicator, towards access to basic services and ending poverty, particularly for women, who are often left behind.

SDG 3: Health

Current literature suggests that paying adequate attention to the needs of menstruating women can contribute to progress in a range of SDG 3 indicators, including maternal mortality, number of new HIV infections, suicide mortality rate, proportion of women of reproductive age who have their need for family planning satisfied with modern methods, and mortality rate attributed to unsafe water, unsafe sanitation and unsafe hygiene⁶. Menstruation involves days of heightened vulnerability to HIV infection⁷, and can exacerbate depression and trigger PMS and PMDD⁸. Thus, understanding menstruation may provide clues for population level HIV transmission and suicide prevention efforts. Menstruation also marks the beginning of reproductive age, which brings a whole range of SDG facets into relevance: often meaning increased vulnerability to issues under contraceptive, STDs transmission, reproductive, maternal and child health considerations. Lack of water, sanitation, and hygiene pose obstacles to menstrual

⁴ United Nations. (2015). Transforming Our World: The 2030 Agenda for Sustainable Development. New York: United Nations. Retrieved from <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

⁵ Ray, I. (2016, July). Investing in Gender-Equal Sustainable Development. UN Women. Retrieved from

https://www.researchgate.net/profile/Isha_Ray/publication/306012267_Investing_in_Gender-Equal_Sustainable_Development/links/57aa01d308ae7a6420bcb905.pdf

⁶ United Nations. (2015). Transforming Our World: The 2030 Agenda for Sustainable Development. New York: United Nations. Retrieved from <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

⁷ Wira, C. R., & Fahey, J. V. (2008). A new strategy to understand how HIV infects women: identification of a window of vulnerability during the menstrual cycle. *AIDS (London, England)*, 22(15), 1909–1917. <https://doi.org/10.1097/QAD.0b013e3283060ea4>

⁸ Dogra, T. D., Leenaars, A. A., Raintji, R., Lalwani, S., Girdhar, S., Wenckstern, S., & Lester, D. (2007). Menstruation and Suicide: An Exploratory Study. *Psychological Reports*, 101(2), 430–434. <https://doi.org/10.2466/pr0.101.2.430-434>; Jacobson, J. D. (2018). Premenstrual dysphoric disorder. In D. Zieve & I. Ogilvie (Eds.), *MedlinePlus A.D.A.M. Medical Encyclopedia*. A.D.A.M. Inc. Retrieved from <https://medlineplus.gov/ency/article/007193.htm>

health and wellbeing, and in turn can increase risk of infection, including urogenital disease, which can contribute part of the overall morbidity found in the population⁹.

There may be indirect routes to morbidity and mortality among menstruating girls and women, including increased vulnerability to psychosocial stress to social exclusion, vulnerability to violence, increased poverty, and lack of basic resources. Data on aspects of MHM may unlock insights to these health concerns¹⁰ that have yet to be referenced in the current monitoring guidance for SDG 3. Thus, linking the SDG framework to existing frameworks for monitoring MHM can improve measurement of health-related indicators crucial to the achievement of the 2030 Agenda and increase understandings of how menstruation and MHM fit into the current SDG monitoring framework.

SDG 4: Education

The education sector has an important responsibility to address the changing needs of girls who are reaching puberty in primary or secondary school¹¹. This coincides with the time when attendance tends to drop for girls¹². Whether or not having adequate provisions for menstrual hygiene itself improves attendance, it likely enables fuller engagement and concentration among menstruating girls in school¹³. Education is key to ensuring essential life skills are developed, such as good menstrual hygiene, and can help to address fears, superstitions, and taboos around menstruation which often remain an impediment to gender equality.

A key part of SDG 4 is the “Proportion of schools with access to: [...] single-sex basic sanitation facilities, and basic handwashing facilities,” which as previously discussed is an important data point for measuring and monitoring MHM, such as by the proportion of schools with single-sex basic sanitation and handwashing facilities with water and soap. Such indicators can contribute to an improved understanding of whether schools are providing “gender-sensitive” learning environments and making MHM more possible. The lack of a comprehensive set of harmonized questions and indicators beyond WASH is well recognized as a barrier to national monitoring MHM in schools¹⁴ and arguably

⁹ Das, P., Baker, K. K., Dutta, A., Swain, T., Sahoo, S., Das, B. S., ... Torondel, B. (2015). Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India. *PLOS ONE*, 10(6). <https://doi.org/10.1371/journal.pone.0130777>

¹⁰ Weber, A., Baker, J., Gaudry, L., & Swatuk, L. A. (2018). Water as Threat and Solution: Improving Health Outcomes in Developing Country Contexts. In L. A. Swatuk & C. Cash (Eds.), *Water, Energy, Food and People Across the Global South: “The Nexus” in an Era of Climate Change*. Waterloo: Springer.

¹¹ Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A Time for Global Action: Addressing Girls’ Menstrual Hygiene Management Needs in Schools. *PLOS Medicine*, 13(2), e1001962. <https://doi.org/10.1371/journal.pmed.1001962>

¹² Sommer, M. (2013). Menarche: A Missing Indicator in Population Health from Low-Income Countries. *Public Health Reports*, 128(5), 399–401. <https://doi.org/10.1177/003335491312800511>

¹³ Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A Time for Global Action: Addressing Girls’ Menstrual Hygiene Management Needs in Schools. *PLOS Medicine*, 13(2), e1001962. <https://doi.org/10.1371/journal.pmed.1001962>

¹⁴ Grossi, V., Klimschak, E., Rechenburg, A., Shinee, E., & Schmoll, O. (2016). The situation of water, sanitation and hygiene in schools in the pan-European region. Copenhagen: World Health Organization. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0020/322454/Situation-water-sanitation-hygiene-schools.pdf; Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A Time for Global Action: Addressing Girls’ Menstrual Hygiene

both a cause and consequence of the low political priority attached to this issue in many countries. When girls face barriers to education, they may face barriers that impact overall progress toward many of the SDGs.

SDG 5: Gender equality

A substantive approach to gender equality examines both explicit and direct discriminatory practices that treat women and girls differently, and also those that may appear gender neutral yet disadvantage women and girls in practice¹⁵. Taboos and embarrassment surrounding menstruation result in stigmatization and the neglect of women's menstrual hygiene needs. This is further compounded by gender inequality, which often excludes women and girls from decision-making in development processes

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There are multiple linkages between menstruation and gender inequalities across different domains including poverty, health, education and WASH. Because of the intrinsic relationship between menstruation and gender inequality, indicators that measure improvements in menstruation-related discrimination and provision of services to address women's practical and strategic needs could also provide proxy measures for progress toward gender equality. While there are no specific targets or indicators for menstruation under SDG 5, supporting MHM contributes to gender equality and the SDG monitoring framework.

SDG 6: Water, sanitation and hygiene

Within SDG 5, target 6.2 states that "By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations." The related indicator is the "Proportion of population using (i) safely managed sanitation services and (ii) a hand-washing facility with soap and water." The target wording "Paying special attention to the needs of women and girls" can be seen to be a particularly clear gap in the indicators, and it is hard to imagine success can broadly be claimed under this target without also considering the MHM situation.

Recognizing the importance of MHM to success under SDG and beyond, the custodian agency of monitoring under SDG6.2, the WHO/UNICEF JMP is working to build an understanding of the extent to which the needs of menstruating women are being met. Proxy indicators like the presence of handwashing facilities with soap and water or not practicing open defecation may provide information on whether some of the critical components of MHM are available, but it is not comprehensive. These proxies do not provide evidence on other critical components of MHM, such as whether women and girls have the necessary information, confidence, and awareness about how to manage

Management Needs in Schools. PLOS Medicine, 13(2), e1001962.

<https://doi.org/10.1371/journal.pmed.1001962>

¹⁵ Winkler, I. T., & Roaf, V. (2014). Taking the Bloody Linen Out of the Closet: Menstrual Hygiene as a Priority for Achieving Gender Equality. *Cardozo Journal of Law and Gender*, 21(1). Retrieved from <https://ssrn.com/abstract=2575250>

¹⁶ Mahon, T., & Fernandes, M. (2010). Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes. *Gender & Development*, 18(1), 99–113. <https://doi.org/10.1080/13552071003600083>

their menstruation, or an adequate supply of hygienic absorptive materials. The JMP guidelines for monitoring WASH include questions on MHM for schools and health centers, to help build an understanding of whether the needs of women and girls are being met.

SDG 10: Inequality

Progress under SDG 10 is tracked through a range of indicators examining social, economic and political opportunities and participation across traditionally disadvantaged and traditionally advantaged populations over time. As previously discussed in this paper, women unnecessarily experience numerous types of discrimination and inequalities through neglect of their MHM needs, meaning obstacles men do not feel in the ongoing struggle out of poverty, and for health, education, gender equality and WASH. Because of the broad relevance of adequate MHM to participation across the social, economic and political domains, and because of the ongoing global phenomena of gender discrimination, explicit consideration of menstruation must be part of any concerted effort under SDG 10.

Conclusion

The SDGs serve as a “universal call to action” to address some of the most pressing issues faced globally while monitoring progress toward the 2030 Agenda through measurable and applicable targets and indicators. More specific attention to MHM is important to the realization of many of the SDGs. The relationships among the SDGs are not homogenous and goals are not necessarily independent of one another.

There is an urgent need for cross-sectorial discussion, reflection and further inquiry into the intersection between the topics of menstruation, monitoring, and the SDGs. Expecting swift and robust progress among many of the SDGs is naïve if MHM is ignored. The existing and emerging menstruation-related monitoring tools that actors are pioneering outside of the SDG monitoring framework must be better used to provide important insights into measuring changes across a wide range of SDG indicators.

MHM and the current SDG framework are intrinsically related. Examining barriers to menstruation management provides important insights into inequalities and human rights impediments that fall along sex or gender lines throughout the SDG framework. Planning for adequate MHM dislodges that barrier and can be expected to be rewarded with greater and faster gains in broad ranging SDG progress.

Table 1. MHM can unlock progress under a range of SDG Indicators

<p>Goal 1. End poverty in all its forms everywhere</p> <p>1.4.1 Proportion of population living in households with access to basic services</p> <p>1.b.1 Proportion of government recurrent and capital spending to sectors that disproportionately benefit women, the poor and vulnerable groups</p> <p>Goal 3. Ensure healthy lives and promote well-being for all at all ages</p>
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3.1.1 Maternal mortality ratio

3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

3.3.4 Hepatitis B incidence per 100,000 population

3.4.2 Suicide mortality rate

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex

4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Goal 6. Ensure availability and sustainable management of water and sanitation for all

6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water.

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.4.1. Material footprint, material footprint per capita, and material footprint per GDP

8.5.1. Average hourly earnings of female and male employees, by occupation, age and persons with disabilities

8.5.2. Unemployment rate, by sex, age and persons with disabilities

Goal 10. Reduce inequality within and among countries

10.3.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3. Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

16.2.2. Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation